

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO 10615289
APPLICANT(S) _____

FILING DATE 07-09-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
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46		/				
47		/				
48		24				
49		24				
50		24				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		24				
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99						
100						
TOTAL IND.	2					
TOTAL DEP.		141				
TOTAL CLAIMS		143				